

Appendix E

Forms

CHARS Data Submission Manual

**Washington State Department of Health
Office of Hospital and Patient Data Systems
1102 SE Quince, 2nd Floor
Olympia, WA 98504-7811
(206) 705-6000**

CHARS Adjustment Request Form

Hospital Name:	Medicare Provider No.:
Submitter Name:	Date:
Telephone Number:	
	Adjustment:
Patient Control Number:	
Admit Date:	
Discharge Date:	
Items to be Corrected: (Use only if adjustment box checked.)	

**Certification
of
Discharge Records Processed Under The
Comprehensive Hospital Abstract Reporting System
(CHARS)**

(Name of Hospital)

(License Number)

(Address)

(City/Zip Code)

Certification of Chief Executive Officer

I HEREBY CERTIFY that I have examined the Quarterly Certification Report produced from the Comprehensive Hospital Abstract Reporting System (CHARS) for _____.
To the best of my knowledge and belief, this report accurately reflects, within five percent, the total number of charges and discharges occurring from each distinct hospital unit (i.e., acute care, psychiatric, rehabilitation, swing beds) during the above period.

Chief Executive Officer

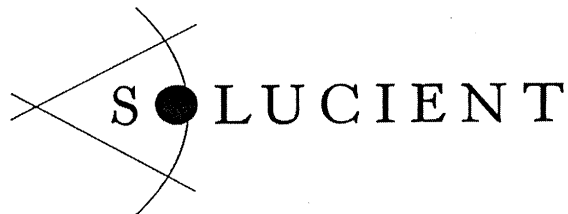
Date

Return this form to:

Department of Health
Office of Hospital and Patient Data Systems
1102 SE Quince
PO Box 47811
Olympia, Washington 98504-7811

Pursuant to Chapter 70.170 RCW and WAC 246-455

3/96



CHARS Submission Transmittal

(Please include a copy of this form with each data submission to Solucient)

Provider Information

Hospital Name: _____

Hosp ID: # _____

Type of Submission:
(Check only one)

- ☐ New
☐ Replacement
☐ Test

Media Type:
(check only one)

- ☐ Diskette
☐ Tape
☐ Electronic

of media included _____

----- File Name #1: -----

Time Period (MM/YY) Start _____ / _____ End _____ / _____

of Discharges included: _____ # of Charges included: _____

----- File Name #2: -----

Time Period (MM/YY) Start _____ / _____ End _____ / _____

of Discharges included: _____ # of Charges included: _____

----- File Name #3: -----

Time Period (MM/YY) Start _____ / _____ End _____ / _____

of Discharges included: _____ # of Charges included: _____

Mailing: Solucient • 5400 Data Court, Suite 100 • Ann Arbor, MI 48108
Fax: 734-930-7611